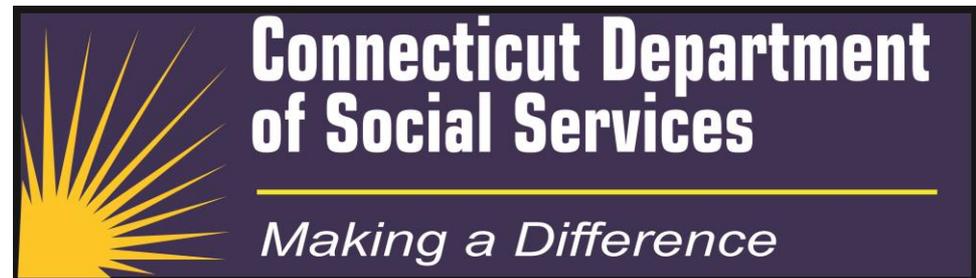


Medical Assistance Program Oversight Council

January 16, 2015

HUSKY Health Data Dashboard Demonstration



Rationale

- Governor Malloy has instructed all state agencies to increase government transparency by making program data readily available to the public.
- Concurrently, the Department wishes to showcase the unique structure of the CT Medicaid Program as a single payer of managed fee-for-service health care using Administrative Services Organizations (ASOs).

HUSKY Health Data Dashboard

The HUSKY Health Data Dashboard will be an online central repository of high-level information pertaining to the CT Medicaid Program. It will showcase select metrics on individual Medicaid services, as well as providing data on the entire program. Data will be grouped in the following categories:

- Covered Services
- Outcomes
- Member Experience
- Provider Experience
- Provider Enrollment
- Spending and Utilization
- Special Projects/Initiatives

HUSKY Health Data Dashboard (cont.)

- The data will span all Medicaid services, including medical, behavioral health, dental, non-emergency medical transportation (NEMT), pharmacy and long-term services and supports (LTSS).
- Those using the dashboard will be able to select a Medicaid service, then drill down to a category of interest. With each click of a button, users will be presented with options to further drill down on the desired metric.
- The Data Dashboard will initially be launched based on data from dates of service CY 2012 and CY 2013. It will be updated annually.

Stakeholders

- Policy-makers
- State leaders responsible for protecting the interests of their constituents
- Advocacy groups and the Office of the Healthcare Advocate
- Students doing research
- Other state Medicaid programs
- The general public

Anticipated Benefits

It is expected that the Data Dashboard will:

- enhance transparency
- increase accountability
- provide useful information to stakeholders
- guide future goals and improvements

The screenshot shows the Husky Health website for Connecticut. The main header includes the state logo and the text 'CONNECTICUT'S HEALTH CARE FOR CHILDREN & ADULTS'. A navigation menu has links for Home, About Us, News, Publications, and Contact Us. The main content area features a large banner for 'Information for Providers...' with a photo of healthcare professionals. To the left of this banner is a sidebar menu with items like 'How to Qualify', 'Benefit Overview', 'Behavioral Health', 'Dental', 'For Members', and 'For Providers'. Below the banner, there are several informational boxes: '2014 Changes', 'Ebola Update', 'REGISTER Online to VOTE', 'Regulations of CT State Agencies', 'access health CT', 'VETERANS', 'Connecticut Recoverers', and 'Alert'. At the bottom, there is contact information for the Hartford office and a footer with various links and copyright information.

www.huskyhealth.com

Users will be able to access the Data Dashboard via a hyperlink located on the HUSKY Health website.

The user will be directed to the Data Dashboard home page where they will have the option to view aggregate, program wide data or opt to view data on specific service categories.

HUSKY Health Data Dashboard

Individual Service
Category Information

Overall Medicaid Statistics

CT Medicaid
Program

Member Enrollment

Provider Enrollment

Spending and
Utilization

Medical Services

Behavioral Services

Non-Emergency
Transportation

Dental Services

Pharmacy Services

Long-Term Services
and Supports /
Waivers

Special Programs
And Initiatives



Medical Services

Covered Services
Outcomes
Member Experience
Provider Experience
Spending & Utilization
Intensive Care Management (ICM)
Provider Enrollment



Medical ASO

Community Health Network of Connecticut is the medical Administrative Services Organization (ASO) contracted by the Department of Social Services to manage and deliver medical services to HUSKY members in a self-insured, managed fee-for-service arrangement. The ASO arrangement allows the Department direct access to an integrated data set, centralization of member and provider services and streamlined administrative costs.

A very important feature and result of the transition in Connecticut Medicaid medical services from managed care to the ASO model is development of fully integrated set of claims data across all categories of Medicaid services. CHN maintains this data within the Utilization & Cost Analyzer (UCA) system, an analytical and data discovery tool that includes Medicaid claims, member eligibility, and provider data. The integrated data set includes a wealth of claims and encounter data that has the unprecedented capability to be analyzed for purposes attributing members to primary care practices, supporting members through Intensive Care Management, and supporting providers in understanding the needs of the members whom they serve.

Centralized member services enable streamlined support to members. This is achieved by referrals to primary care physicians and specialists, assistance with prior authorization requirements and coverage questions, strengthened relationships with members throughout their entire enrollment periods, and promoting continuity of care. Centralized provider services enable data sharing of provider's attributed members to facilitate tailored responses to members' needs and one stop shopping for prior authorizations. CHN-CTs clinical functions include Utilization Management, Transitional Care Management and Intensive Care Management.

A person-centered approach is the cornerstone of the Department's healthcare delivery system. Person-centeredness is defined as an approach that provides the member with needed information, education and support required to make fully informed decisions about his or her care options and, to actively participate in his or her self-care and care planning.

Behavioral Health Services

Covered Services

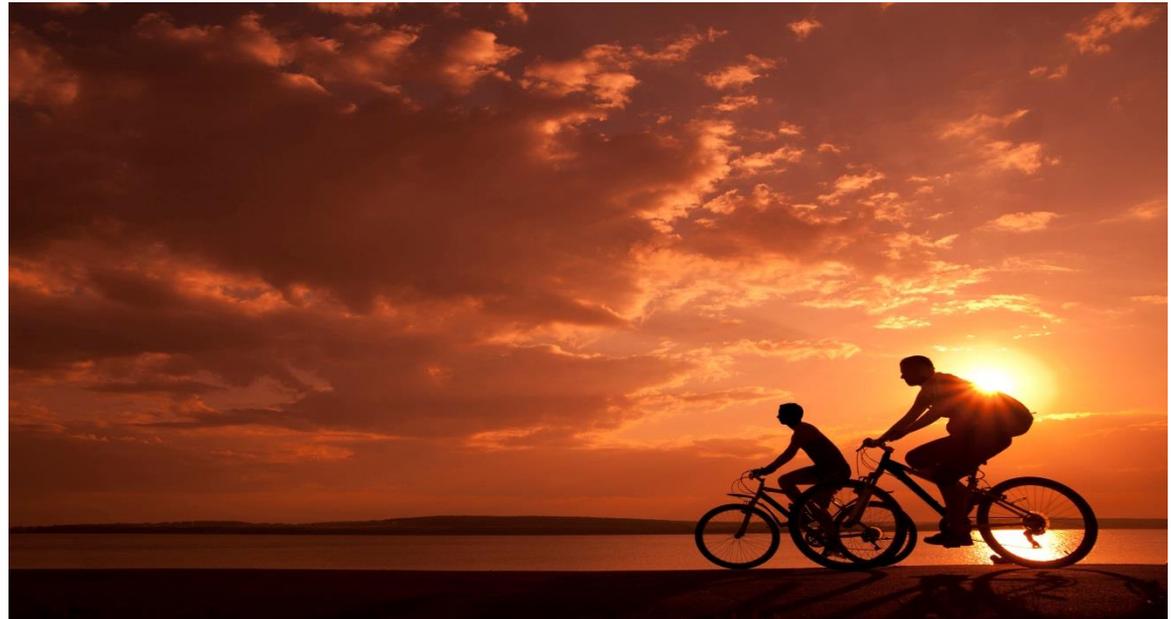
Outcomes

Member And Provider
Experience

Spending & Utilization

Intensive Care Management
(ICM)

Provider Enrollment



Behavioral Health ASO

The CT BHP is a Partnership that consists of the Department of Children and Families (DCF), the Department of Social Services (DSS), the Department of Mental Health and Addiction Services (DMHAS), ValueOptions® and a legislatively mandated Oversight Council. Expanded in 2011 to include DMHAS, the contract is designed to create an integrated behavioral health service system for our members; Connecticut's Medicaid populations, including children and families who are enrolled in HUSKY Health and DCF Limited Benefit programs.

The Partnership's goal is to provide access to a more complete, coordinated, and effective system of community based behavioral health services and support. This goal is achieved by making enhancements to the current system of care in order to:

- *Provide access to a more complete, coordinated and effective system of community-based behavioral health services and supports*
- *Support recovery and access to community services, ensuring the delivery of quality services to prevent unnecessary care in the most restrictive settings*
- *Enhance communication and collaboration within the behavioral health delivery system and with the medical community, thereby improving coordination of care*
- *Improve network access and quality*
- *Recruit and retain traditional and non-traditional providers*

This has been—and will continue to be—a coordinated effort between individual citizens and state agencies, between local service areas and a statewide delivery system, between those who use services and those who provide them. Just as this initiative could not have been implemented without the hard work of citizens who care about behavioral health care services, our joint vision cannot be achieved without our mutual determination to continue to make changes, focus on recovery and resiliency, evaluate their impact, and make more changes.

Non Emergency Transportation

Covered Services	
Outcomes	
Member Experience	
Provider Experience	
Spending & Utilization	

Non-Emergency Medical Transportation ASO

Non-emergency Medical Transportation (NEMT) is covered benefit of the CT Medicaid program. Active HUSKY A, C, D and limited benefit members are eligible for the transportation program if they have no other means to get to their Medicaid covered service. All transportation is prior authorized by the non-risk broker, LogisitiCare Solutions. Available methods of transportation include ambulance, wheelchair accessible vehicle, sedan/livery, gas reimbursement, mass transit including bus and train, and transportation provided by an enrolled Companion agency staff member. The type of transportation approved is based upon the medical necessity of the member receiving the service.

Requests for mass transit must be received at least 5 business days in advance of the trip to a Medicaid covered service in order to allow time to process the request and get the pass to the member. Other levels of service must be requested at least 2 business days in advance to allow for appointment verification and scheduling of transportation. Same day and next day trips are available for hospital discharges and verified urgent appointments.

Dental Services

Covered Services
Outcomes
Member Experience
Provider Experience
Spending & Utilization
Provider Enrollment



Dental ASO

The Connecticut Dental Health Partnership (CTDHP) is part of the HUSKY Health program. Specifically, the CTDHP provides management and customer service for the dental benefits portion of HUSKY Health. Orthodontic services are provided only to members under age 21.

The CTDHP will help eligible members locate a participating network dentist or dental specialist, provide appointment scheduling assistance for families, offer translation assistance and help with the coordination of transportation to and from dental appointments, including locating a dental office that will work with individuals with special healthcare needs or require ADA accommodations. For more information, contact the CTDHP Customer Service Representatives at 1-866-420-2924 or visit www.ctdhp.com.

The State of Connecticut's publicly funded dental care programs, HUSKY A, HUSKY B, HUSKY C (Traditional Medicaid Title XIX Fee For Service) and HUSKY D (Medicaid For Low Income Adults-formerly State Administered General Assistance "SAGA"), now have been combined into one dental plan with a new name: the Connecticut Dental Health Partnership (CTDHP). CTDHP oversees the dental plan for the Department of Social Services (DSS) HUSKY Health program which covers more than 600,000 residents in Connecticut.

DSS is the lead agency for the State of Connecticut which provides a broad range of services to the elderly, people with disabilities, families and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance and independent living. DSS administers over 90 legislatively authorized programs and operates on one-third of the state budget. DSS also administers the Medical Assistance Program which includes the Connecticut Dental Health Partnership.

BeneCare Dental Plans was selected by DSS, in 2008, as the Administrative Service Organization to manage the Connecticut Dental Health Partnership for the State of Connecticut. BeneCare is a dental benefit management company that operates dental benefit programs for fully insured and self-insured clients in the Northeast and Mid-Atlantic regions under a wide array of State, County and Municipal government, multi-employer welfare fund and commercial employer sponsored plans.

Pharmacy Services

Covered Services

Outcomes

**Member and Provider
Experience**

Spending & Utilization

Provider Enrollment



Division of Health Services- Pharmacy Unit

The Pharmacy Unit administers and operationalizes all aspects of the retail pharmacy benefit program while providing the clinical and healthcare expertise needed to coordinate these benefits for clients enrolled in the Department's Medical Assistance Programs (Medicaid (Husky C), Medicaid for Low Income Populations (MCLIP/Husky D), HUSKY A/B, CADAP, Tuberculosis, and Family Planning).

The Pharmacy Unit also provides contract management and oversight to Hewlett Packard (HP) relative to the Manufacturer Drug Rebate Program, the Nursing Home Drug Return Program, the Preferred Drug List (PDL) program, Prior Authorization (PA), Prospective Drug Utilization Review (ProDUR), Retrospective Drug Utilization Review (RetroDUR), Pharmacy Lock-in, and Medicare Part D enrollment and interfaces with Medicare Part D Prescription Drug Plans.

Long-Term Services & Supports / Waivers

ABI 1	PCA
ABI 2	Rebalancing Initiatives
CHCPE	DMHAS Waiver
Katie Beckett	DDS Waivers



Long-Term Services and Support

Long-term care benefit eligibility is one of the most complex areas of Medicaid. Because Medicaid is a program for the poor or near-poor, there is a rigorous eligibility determination process, in part to help ensure that applicants are not attempting to gain benefits by inappropriate divesting of assets.

Home and Community-Based “Waivers”

Medicaid “waivers” serve financially eligible individuals who would, without benefit of waiver services, be institutionalized in a hospital or nursing facility. Waivers cover both the typical Medicaid “medical” home care services (e.g. skilled nursing, home health aide) as well as a range of additional home and community-based services (e.g. adult day care, homemaking). Waivers are typically targeted to identified populations, which under federal law may include the following: elders, individuals with physical disabilities, individuals with mental retardation or developmental disabilities, medically fragile/technology dependent children, individuals with HIV/AIDS, and individuals with TBI/SCI. Connecticut has received approval from the Centers for Medicare and Medicaid Services (CMS) for nine waivers, serving the groups listed above with the exception of individuals with HIV/AIDS. The Division of Health Services directly manages the largest of these waivers, the Connecticut Home Care Program for Elders, as well as the Katie Beckett waiver, and partners with another unit of the Department of Social Services, as well as the Departments of Developmental Services and Mental Health and Addiction Services, on implementation of the other waivers.

Special Projects and Initiatives



Rewards To Quit

Person-Centered Medical Home

Special Projects and Initiatives

The intent of special projects and initiatives are to enhance program operations and improve the delivery of benefits to Medicaid eligible participants. Many of these programs center on how effectively care is delivered and as such, their effectiveness must be measured and evaluated. The Department of Social Services works closely with stakeholders to ensure that quality performance measures are established and monitors performance to ensure that the goals and objectives are achieved. As these programs and initiatives may be temporary in their duration or they may not have yet met a test of permanence they fall into the category of special programs and initiatives.

HUSKY Health Data Dashboard

Individual Service Category Information

Medical Services

Behavioral Services

Non-Emergency Transportation

Dental Services

Pharmacy Services

Long-Term Services and Supports / Waivers

Special Programs And Initiatives

Overall Medicaid Statistics

CT Medicaid Program	Member Enrollment	Provider Enrollment	Spending and Utilization
---------------------	-------------------	---------------------	--------------------------



Medical Services

Covered Services
Outcomes
<u>Member Experience</u>
Provider Experience
Spending & Utilization
Intensive Care Management (ICM)
Provider Enrollment



Medical ASO

Community Health Network of Connecticut is the medical Administrative Services Organization (ASO) contracted by the Department of Social Services to manage and deliver medical services to HUSKY members in a self-insured, managed fee-for-service arrangement. The ASO arrangement allows the Department direct access to an integrated data set, centralization of member and provider services and streamlined administrative costs.

A very important feature and result of the transition in Connecticut Medicaid medical services from managed care to the ASO model is development of fully integrated set of claims data across all categories of Medicaid services. CHN maintains this data within the Utilization & Cost Analyzer (UCA) system, an analytical and data discovery tool that includes Medicaid claims, member eligibility, and provider data. The integrated data set includes a wealth of claims and encounter data that has the unprecedented capability to be analyzed for purposes attributing members to primary care practices, supporting members through Intensive Care Management, and supporting providers in understanding the needs of the members whom they serve.

Centralized member services enable streamlined support to members. This is achieved by referrals to primary care physicians and specialists, assistance with prior authorization requirements and coverage questions, strengthened relationships with members throughout their entire enrollment periods, and promoting continuity of care. Centralized provider services enable data sharing of provider's attributed members to facilitate tailored responses to members' needs and one stop shopping for prior authorizations. CHN-CTs clinical functions include Utilization Management, Transitional Care Management and Intensive Care Management.

A person-centered approach is the cornerstone of the Department's healthcare delivery system. Person-centeredness is defined as an approach that provides the member with needed information, education and support required to make fully informed decisions about his or her care options and, to actively participate in his or her self-care and care planning.

Member Experience

Attribution To Primary Care Physician /
Medical Home

Centralized Member Services

Attribution- Dashboard Menu

Attribution Summary

Adult Attribution

Child Attribution

Fairfield County

Hartford County

Litchfield County

Middlesex County

New Haven County

New London County

Tolland County

Windham County

September 2012 Non Attributed

December 2012 Non Attributed

March 2013 Non Attributed

June 2013 Non Attributed

September 2013 Non Attributed

December 2013 Non Attributed

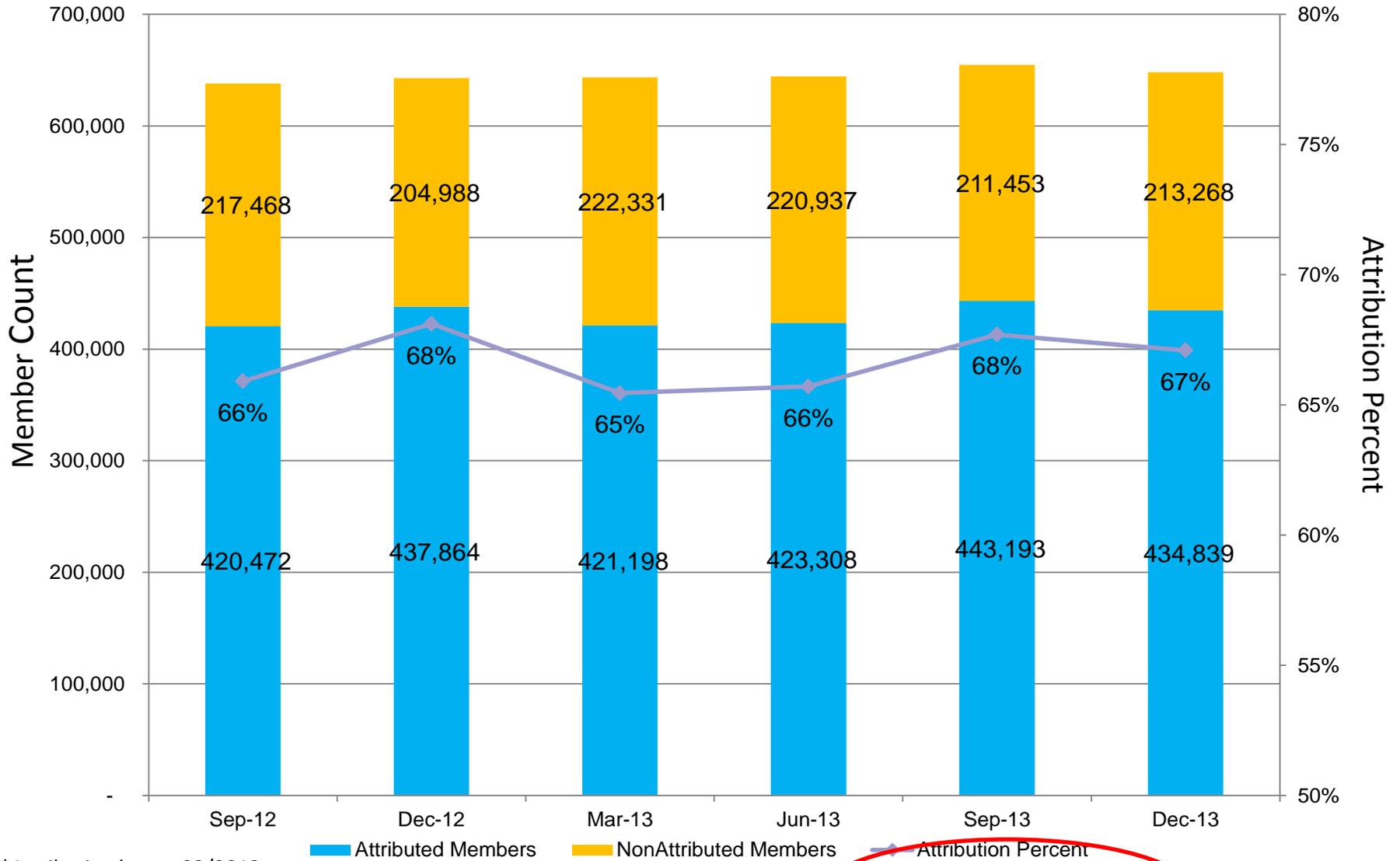
Attribution

Attribution is the process of linking a member to a Primary Care Provider (PCP) based on specific claims data. Members may self-select a PCP or Person-Centered Medical Home (PCMH) at any time. The selection will be effective first of the month following the selection. There is no default process to assign a member to a PCP/PCMH. It is run on a monthly basis with a look back at 15 months of claim data. Attribution is based on specific CPT and Revenue codes in order to link a member to a PCP/PCMH.

If a member is not attributed it does not mean they are not receiving care. They may have other private insurance or Medicare as their primary insurance and may have claims with doctors in that network. A member may also see a provider who has not attested to be a primary care doctor or who is a specialist. In this case a member is not counted as being attributed. An adult who did not self-select a PCP may also not have had a need for a medical visit because they are healthy in which case they would have no claims.

Attribution Summary

Attributed vs. Non-Attributed



*Attribution began 09/2012

■ Attributed Members
 ■ Non-Attributed Members
 ◆ Attribution Percent

→ Source: CT DSS

Attribution- Dashboard Menu

Attribution Summary

Adult Attribution

Child Attribution

Fairfield County

Hartford County

Litchfield County

Middlesex County

New Haven County

New London County

Tolland County

Windham County

September 2012 Non Attributed

December 2012 Non Attributed

March 2013 Non Attributed

June 2013 Non Attributed

September 2013 Non Attributed

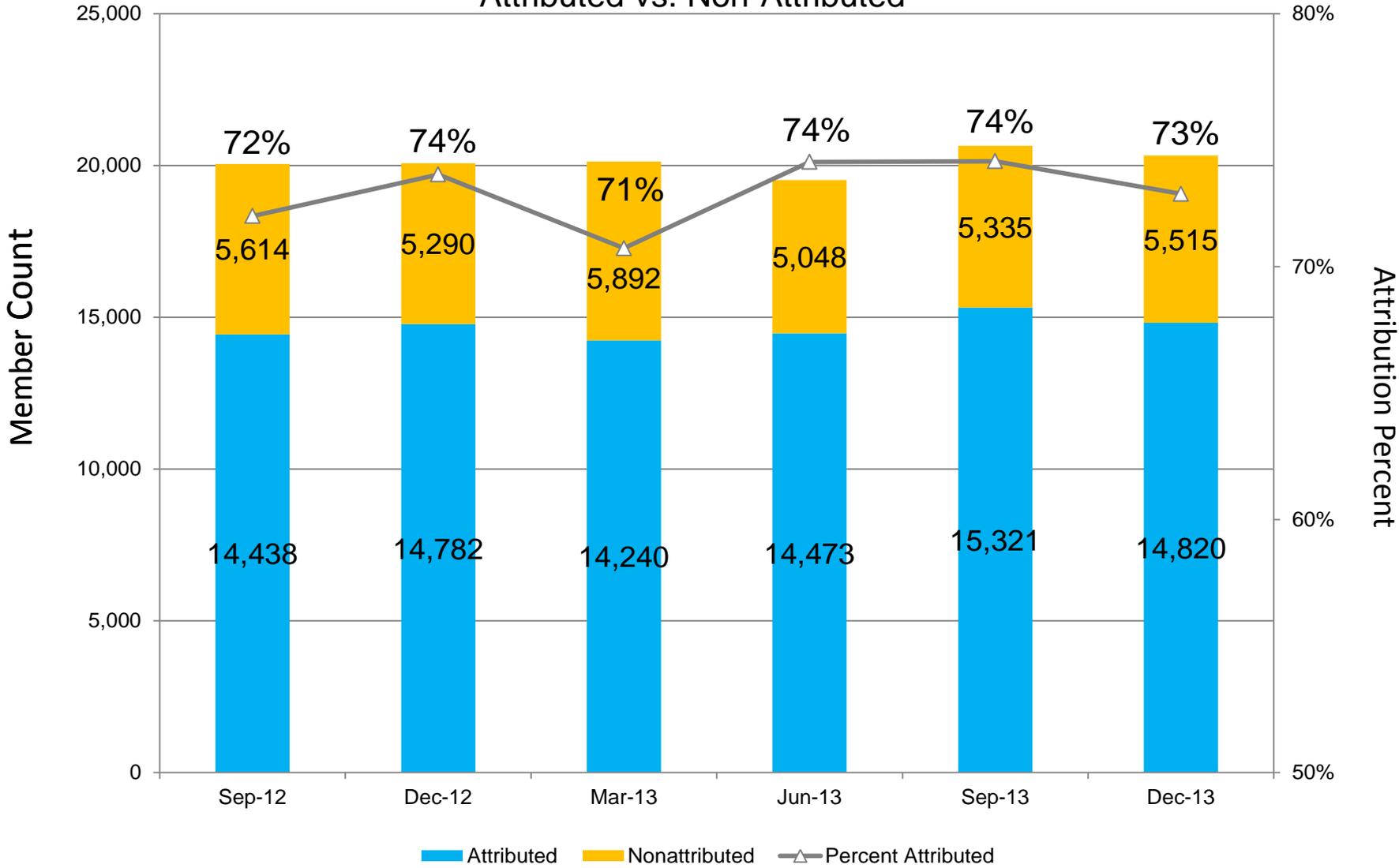
December 2013 Non Attributed

Attribution

Attribution is the process of linking a member to a Primary Care Provider (PCP) based on specific claims data. Members may self-select a PCP or Person-Centered Medical Home (PCMH) at any time. The selection will be effective first of the month following the selection. There is no default process to assign a member to a PCP/PCMH. It is run on a monthly basis with a look back at 15 months of claim data. Attribution is based on specific CPT and Revenue codes in order to link a member to a PCP/PCMH.

If a member is not attributed it does not mean they are not receiving care. They may have other private insurance or Medicare as their primary insurance and may have claims with doctors in that network. A member may also see a provider who has not attested to be a primary care doctor or who is a specialist. In this case a member is not counted as being attributed. An adult who did not self-select a PCP may also not have had a need for a medical visit because they are healthy in which case they would have no claims.

Attribution - Middlesex County Attributed vs. Non-Attributed



*Attribution began 09/2012

Attribution- Dashboard Menu

[Attribution Summary](#)

[Adult Attribution](#)

[Child Attribution](#)

[Fairfield County](#)

[Hartford County](#)

[Litchfield County](#)

[Middlesex County](#)

[New Haven County](#)

[New London County](#)

[Tolland County](#)

[Windham County](#)

[September 2012 Non Attributed](#)

[December 2012 Non Attributed](#)

[March 2013 Non Attributed](#)

[June 2013 Non Attributed](#)

[September 2013 Non Attributed](#)

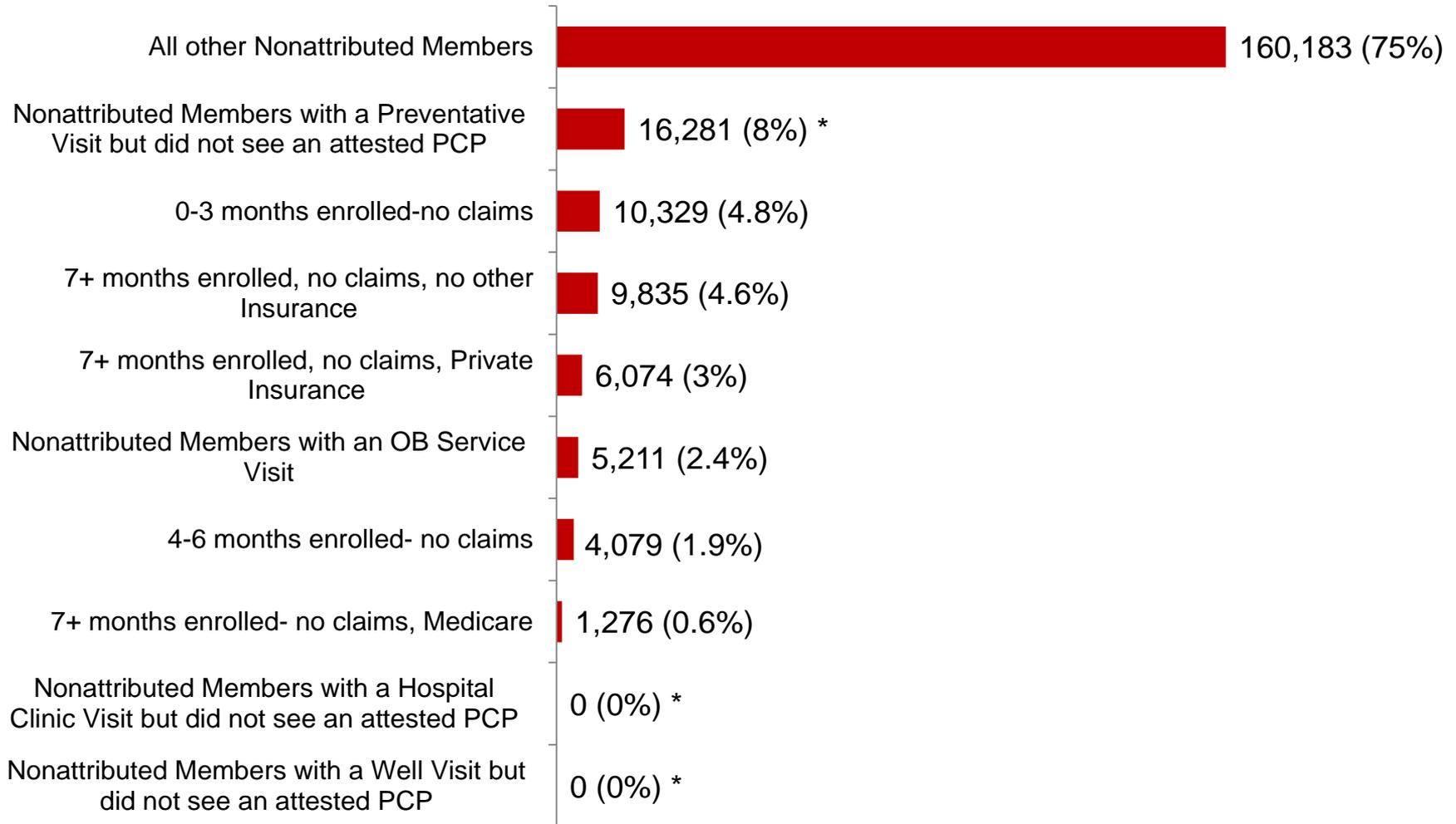
[December 2013 Non Attributed](#)

Attribution

Attribution is the process of linking a member to a Primary Care Provider (PCP) based on specific claims data. Members may self-select a PCP or Person-Centered Medical Home (PCMH) at any time. The selection will be effective first of the month following the selection. There is no default process to assign a member to a PCP/PCMH. It is run on a monthly basis with a look back at 15 months of claim data. Attribution is based on specific CPT and Revenue codes in order to link a member to a PCP/PCMH.

If a member is not attributed it does not mean they are not receiving care. They may have other private insurance or Medicare as their primary insurance and may have claims with doctors in that network. A member may also see a provider who has not attested to be a primary care doctor or who is a specialist. In this case a member is not counted as being attributed. An adult who did not self-select a PCP may also not have had a need for a medical visit because they are healthy in which case they would have no claims.

December 2013 Non-Attributed (Total: 213,268)



* Began measuring these categories in September of 2014

HUSKY Health Data Dashboard

Individual Service Category Information

- Medical Services
- Behavioral Services
- Non-Emergency Transportation
- Dental Services
- Pharmacy Services
- Long-Term Services and Supports / Waivers
- Special Programs And Initiatives

Overall Medicaid Statistics

CT Medicaid Program	Member Enrollment	Provider Enrollment	<u>Spending and Utilization</u>
---------------------	-------------------	---------------------	---------------------------------



Spending and Utilization

Overall Spending and Utilization

Hospital Inpatient Specific

Hospital Outpatient Specific

Data Parameters in Overall Spending & Utilization

- CY 2012 data represents claims with date of service 1/1/2012 – 12/31/2012 with Paid Run-Out of 22 months.
- CY 2013 data represents claims with date of service 1/1/2013 – 12/31/2013 with Paid Run-Out of 10 months.
- All data for CY 2012 & CY 2013 include claims Paid Through 10/31/2014.
- All HUSKY Health, Charter Oak members, Limited Benefit members and Dual members (i.e., members who are eligible for both Medicare and Medicaid and their crossover claims paid by Medicaid) are included.
- Data does not contain a factor for incurred but not reported (IBNR) in this presentation.
- Children defined as Age 0 to 20.
- Adult defined as Age 21 and above.
- Non-Emergency Medical Transportation Data for CY 2012 is not available.

Overall Spending and Utilization – Dashboard Menu

CY 2012 Overall Spending by Service (Total: \$6,091,240,210)

CY 2013 Overall Spending by Service (Total: \$6,335,428,003)

Overall Spending by:- All Members vs. Child vs. Adult

Member Months (MMs)- by All Members vs. Child vs. Adult

Per Member Per Month (PMPM) Cost -All Members vs. Child vs. Adult

Quarterly Growth Trend - MMs VS PMPM – By All Members

Quarterly Growth Trend - MMs VS PMPM – By Children Only

Quarterly Growth Trend - MMs VS PMPM – By Adult Only

Average Members in CT Medical Assistance Program Annually by All Members vs. Child vs. Adult

Per Capita – All Members vs. Child vs. Adult

Distinct Members Received CT Medical Assistance Program by All Members vs. Child vs. Adult

Overall Spending by Services

Distinct Members Who Received Services

Cost per Distinct Members Who Received Services

Per Member Per Month (PMPM) Cost by Services

Overall Spending by HUSKY Program

Distinct Members Who Received Services by HUSKY Program

Per Member Per Month (PMPM) Cost by HUSKY Program

Overall Spending by Category of Services -Group I

PMPM Costs by Category Of Services - Group I

Distinct Members by Category of Services - Group I

Utilization Per 1000 Member Months by Category of Services - Group I

Overall Spending by Category of Services - Group II

PMPM Costs by Category of Services - Group II

Distinct Members by Category of Services - Group II

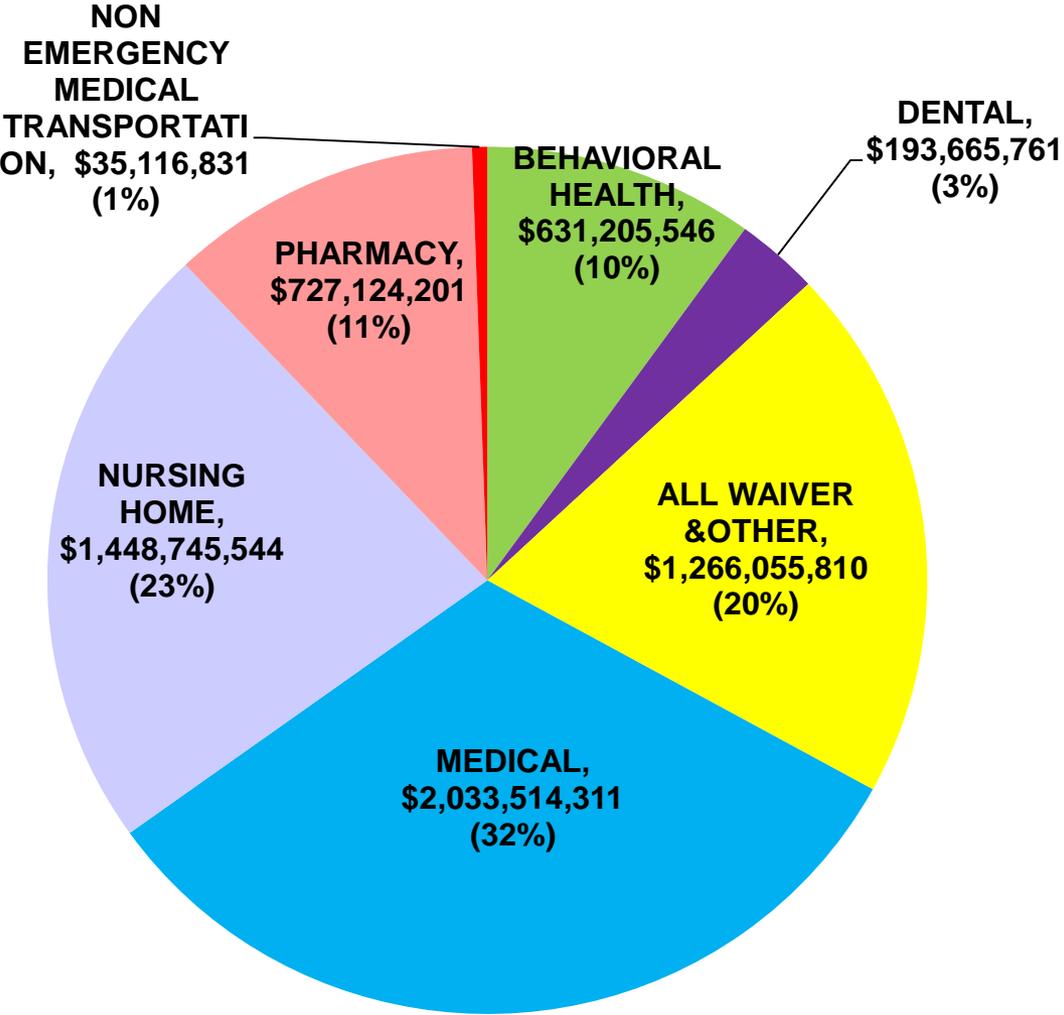
Utilization Per1000 Member Month by Category of Service - Group II

CY 2012 - Spending Distribution by Category of Services

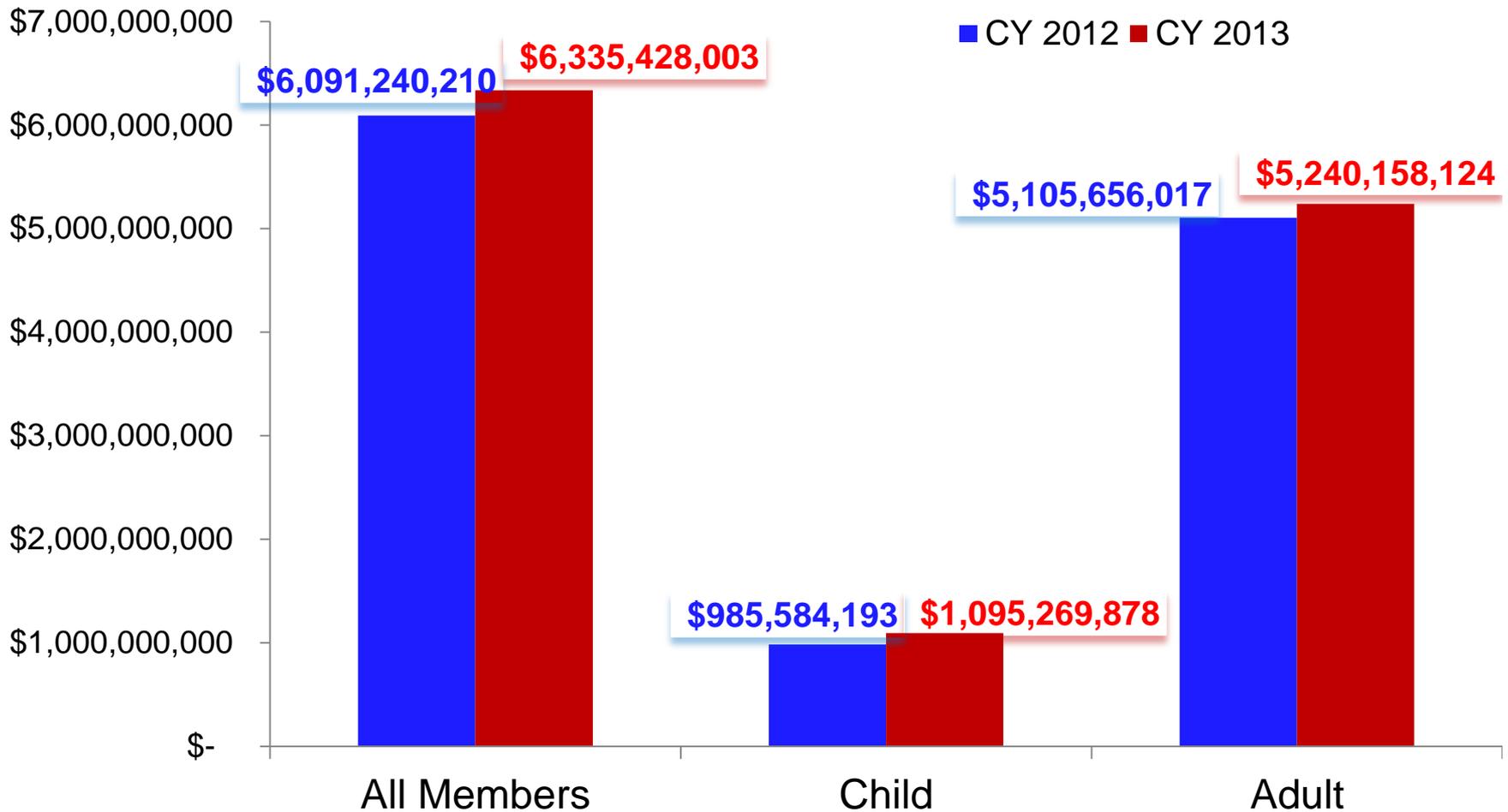
CY 2013 - Spending Distribution by Category of Services

Overall CY 2012 – 2013 Cost Variance by Category, Unit Cost and Utilization Impact

CY 2013 Overall Spending by Service (Total: \$6,335,428,003)



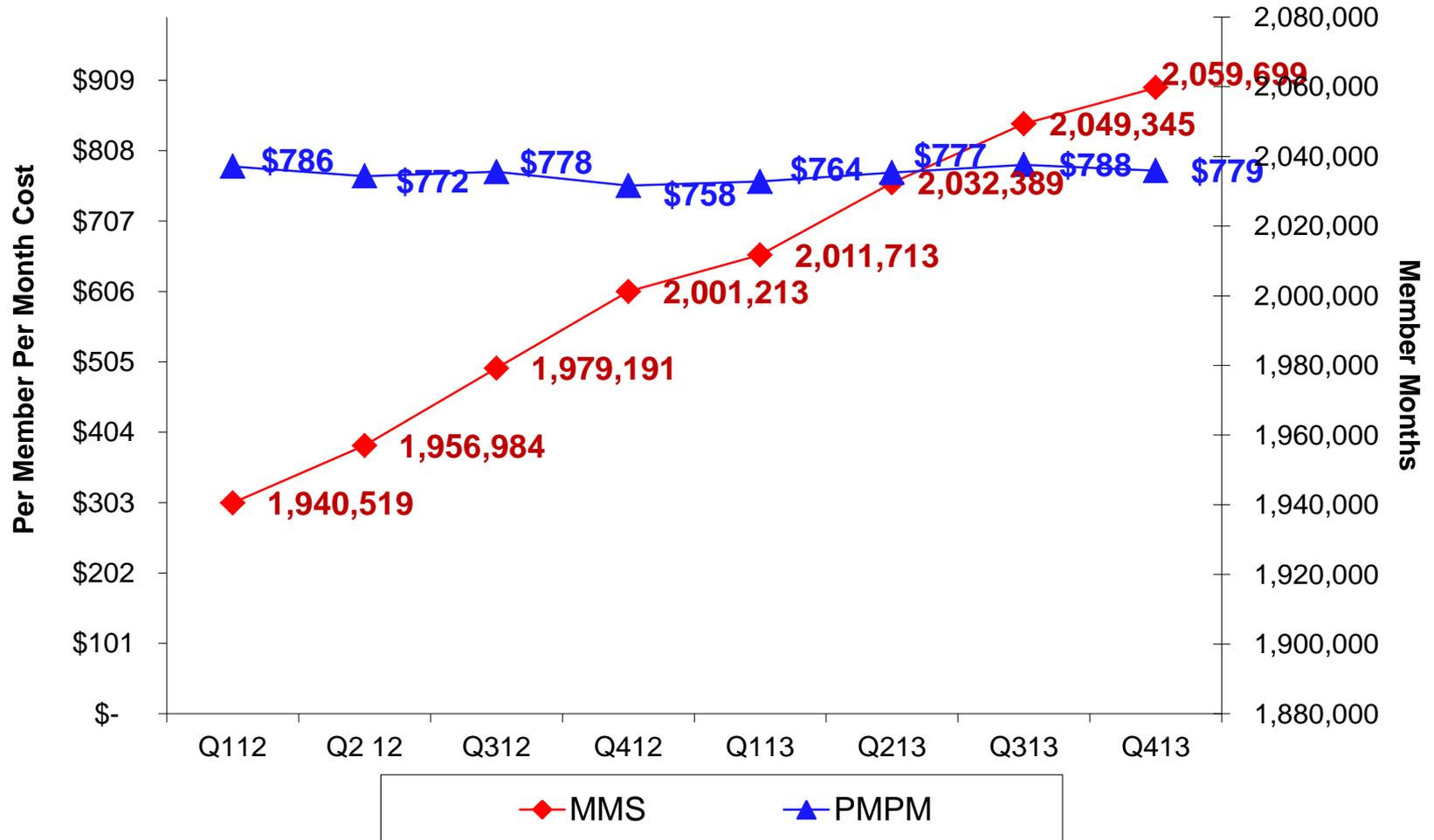
Overall Spending by:- All Members vs. Child vs. Adult



Quarterly Growth Trend - MMs vs. PMPM – By All Members

(*Member Months (MMs) defined as cumulative members in a year counting each member enrolled in each month)

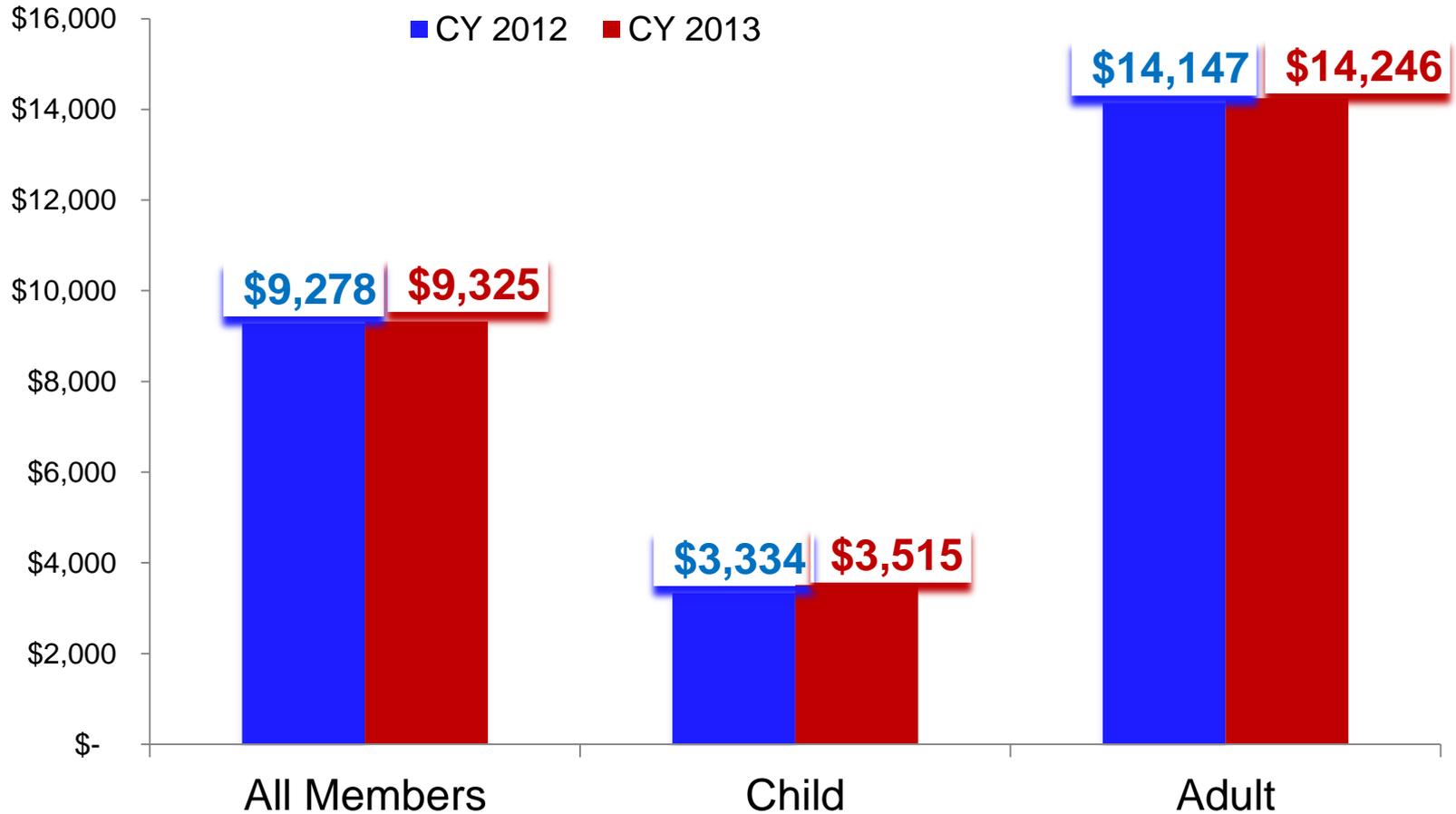
(*PMPM = Total Cost divided by Total Member Months)



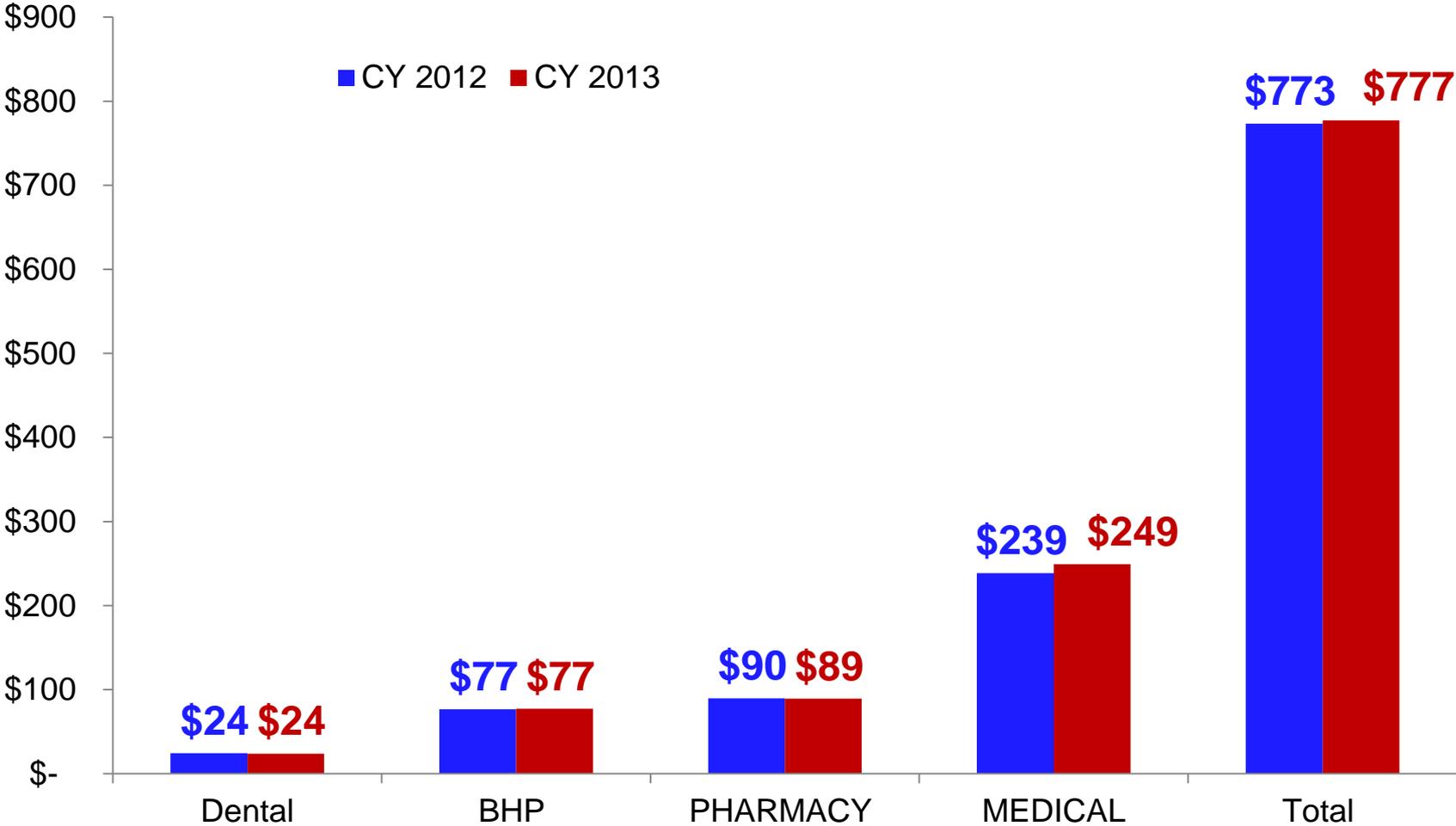
Note:- Member months increased by 6% from Q1 2012 to Q4 2013 while Per Member Per month declined by 1% from Q1 2012 to Q4 2013.

Medicaid Per Capita – All Members vs. Child vs. Adult

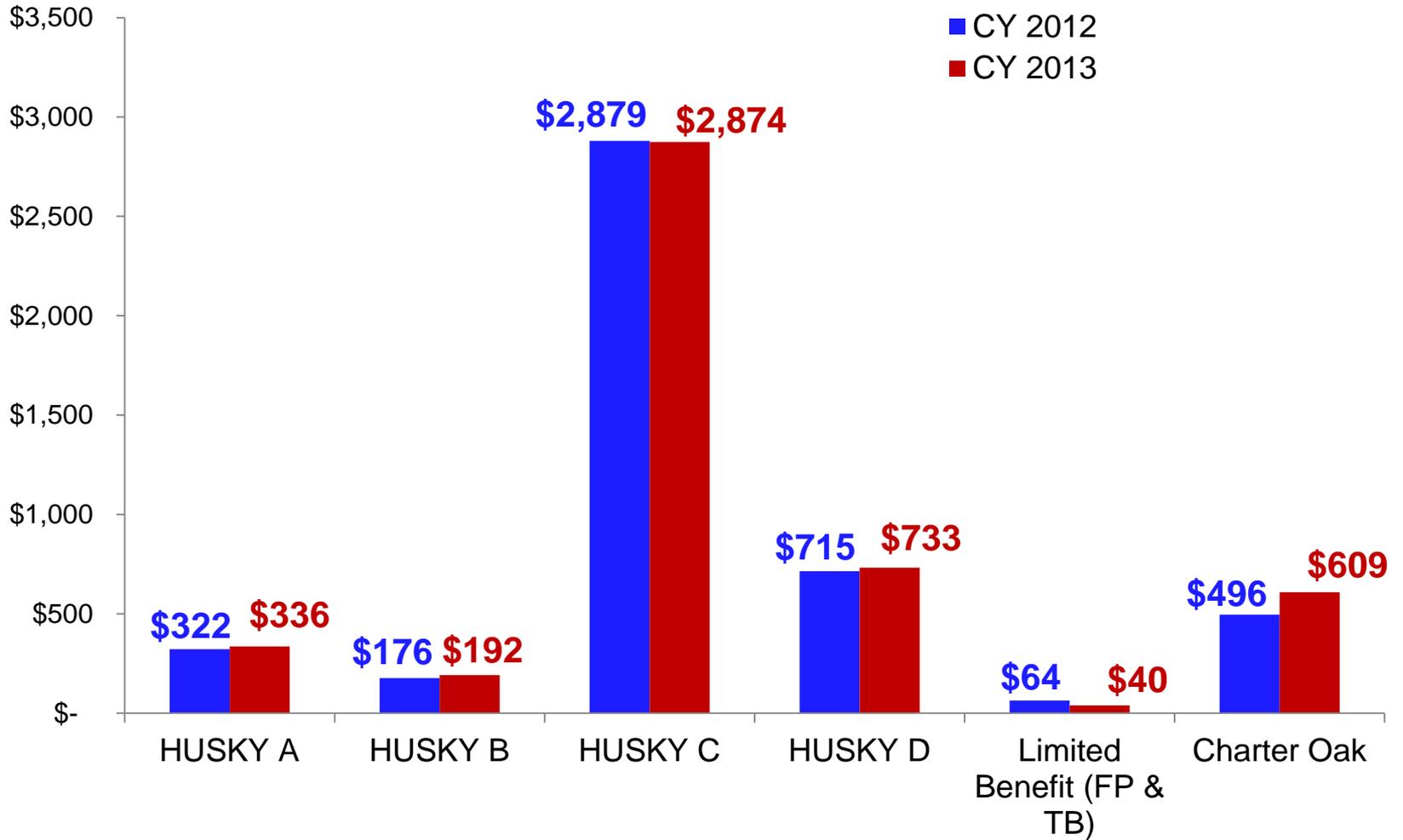
(* Per Capita means cost per person in a year. [Per Capita = Total Cost divided by Total number of members])



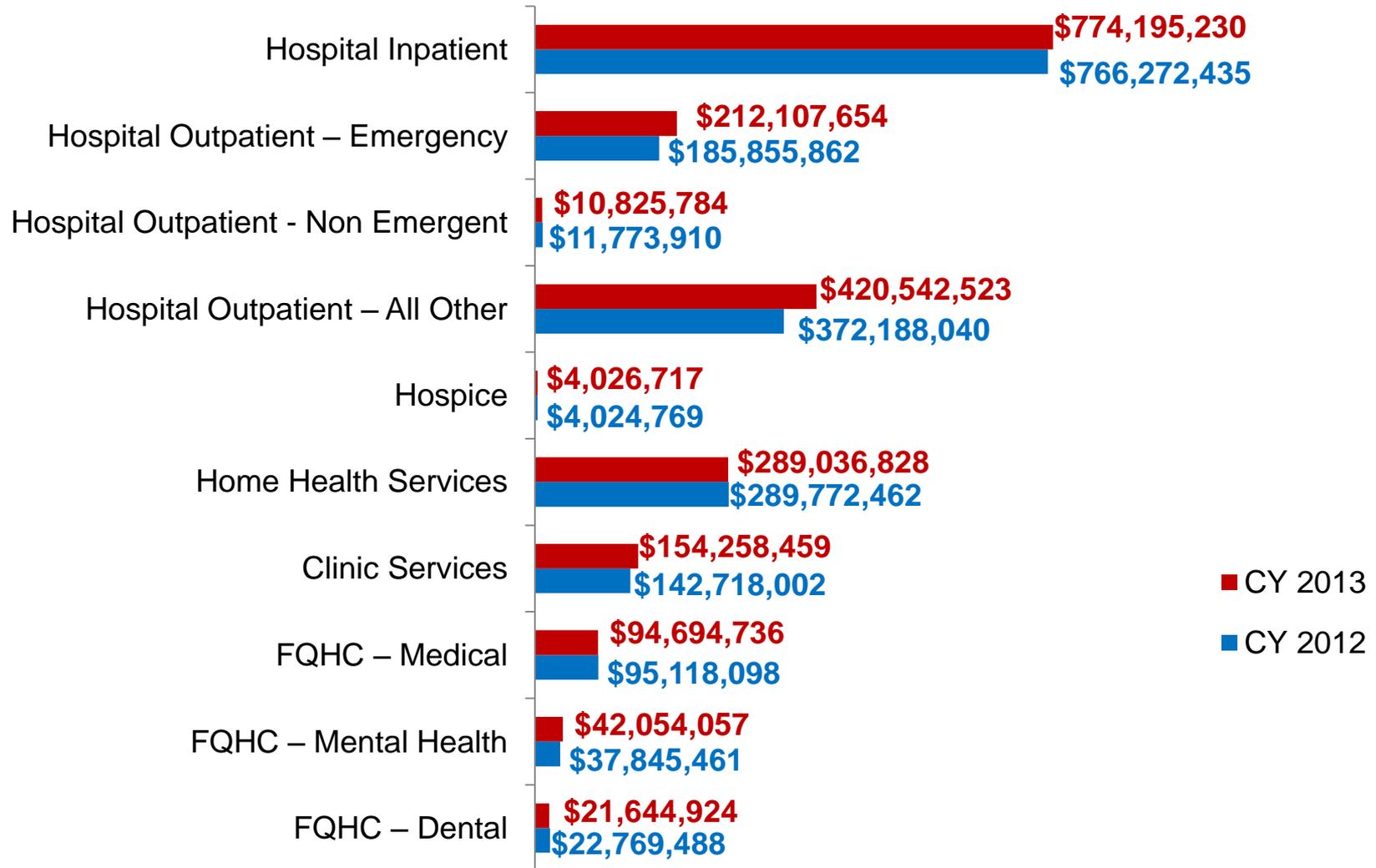
Per Member Per Month (PMPM) Cost by Services



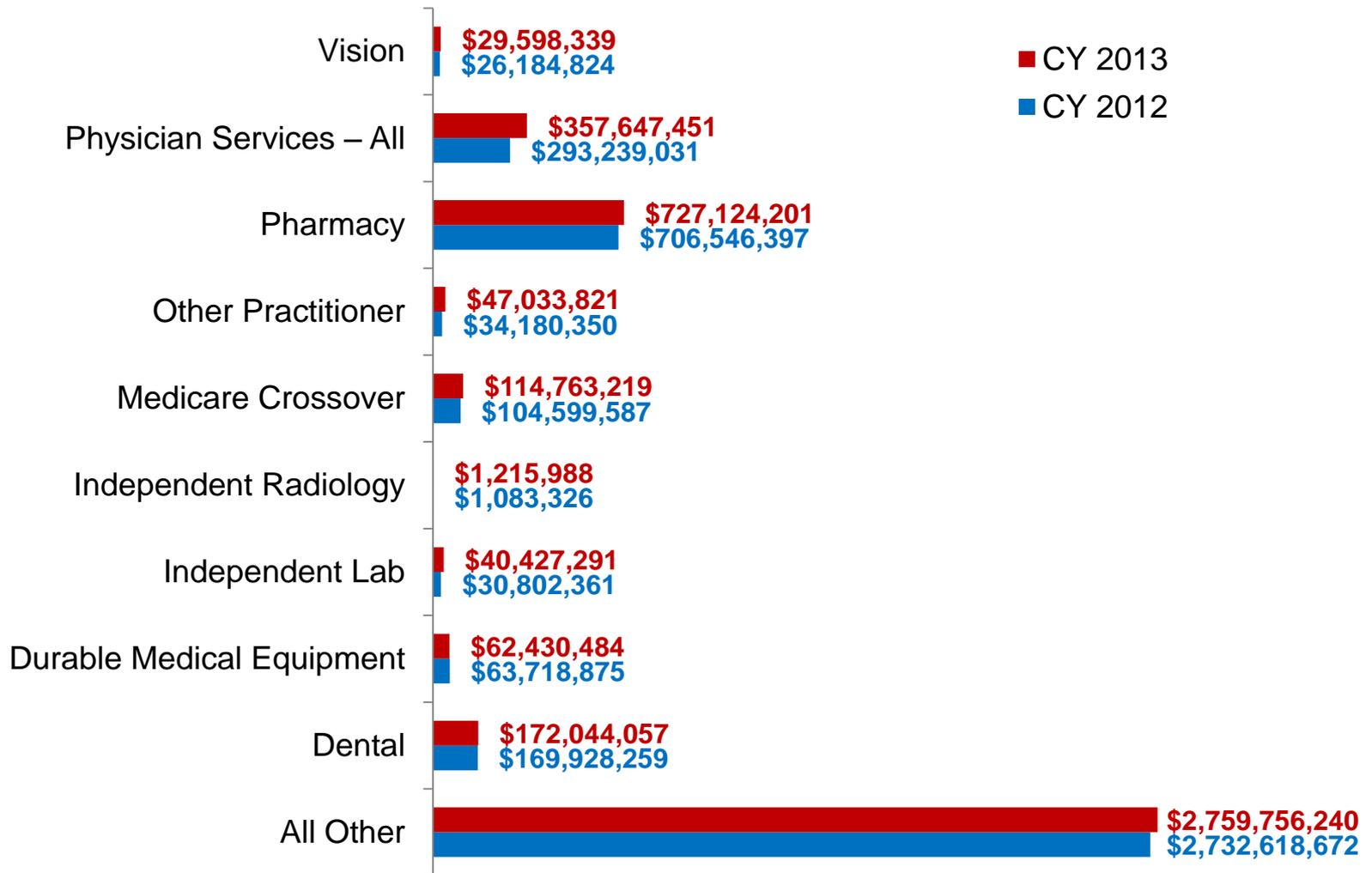
Per Member Per Month (PMPM) Cost by HUSKY Program



Overall Spending by Category of Services

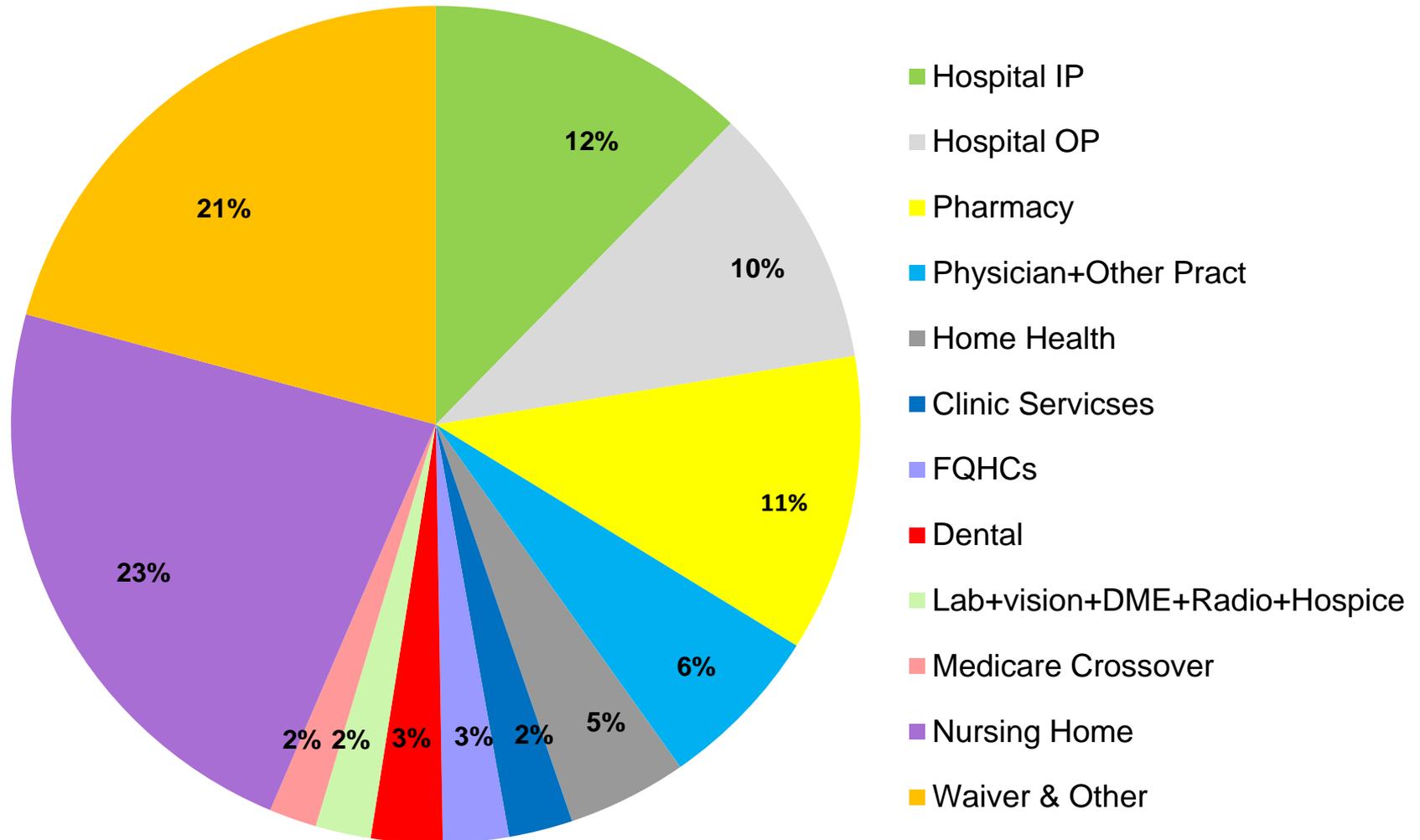


Overall Spending by Category of Services (Cont.)



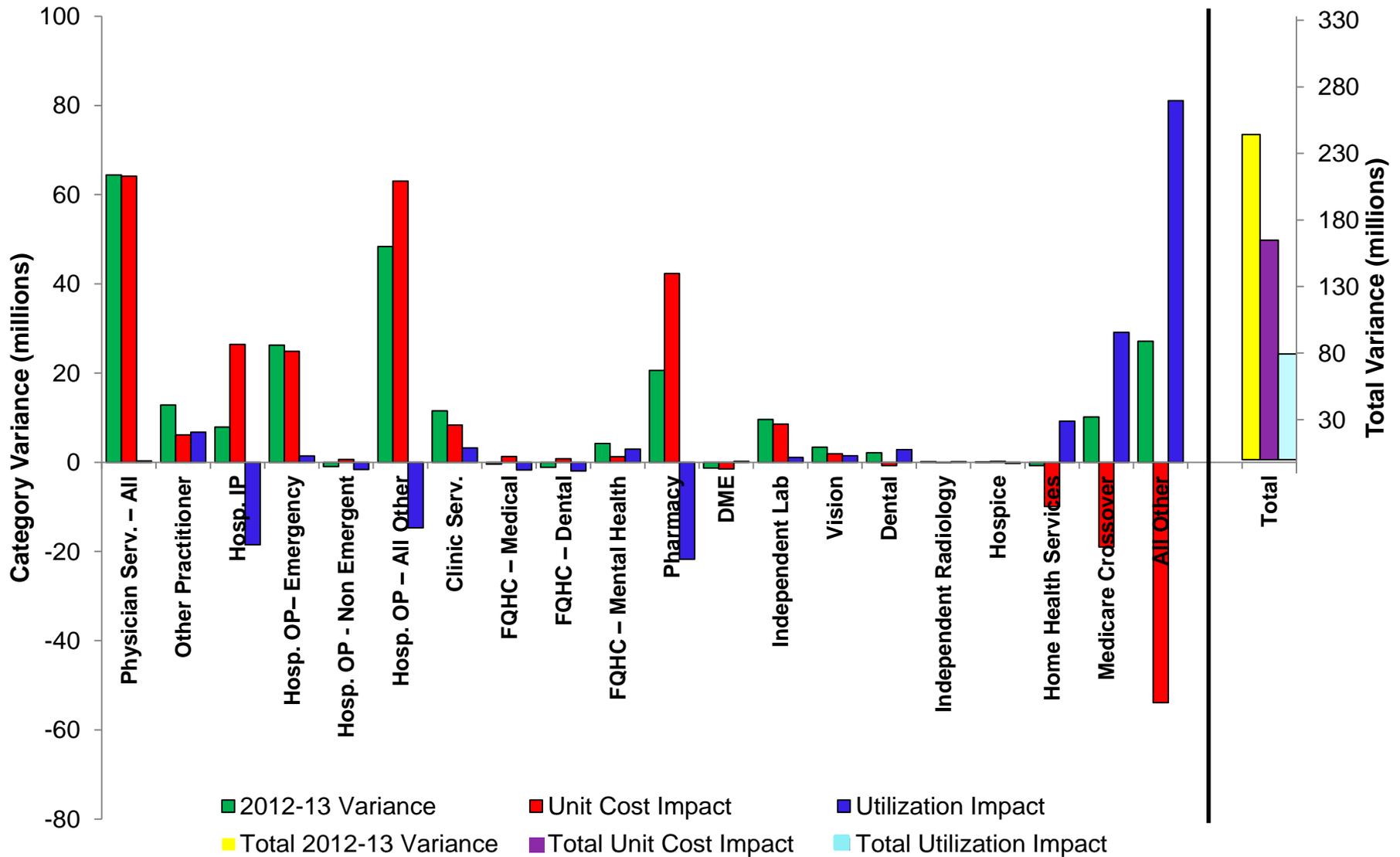
Note:- All Other Category includes Nursing Homes, Waiver and other Special Services. Medicare Crossover are claims paid by Medicaid for Dual members who are eligible for both Medicare and Medicaid.

CY 2013 - Spending Distribution by Category of Services



Note:- Medicare Crossover are the claims paid by Medicaid for Duals members who are eligible for both Medicare and Medicaid.

Overall CY 2012-2013 Cost Variance by Category, Unit Cost, and Utilization Impact



Note:- All Other Category includes Nursing Homes, Waiver and other Special Services. Medicare Crossover are the claims paid by Medicaid for Duals members who are eligible for both Medicare and Medicaid.

Spending and Utilization

Overall Spending and Utilization

Hospital Inpatient Specific

Hospital Outpatient Specific

Data Parameters in Hospital Inpatient Specific

- CY 2012 data represents claims with date of service 1/1/2012 – 12/31/2012 with Paid Run-Out of 22 months.
- CY 2013 data represents claims with date of service 1/1/2013 – 12/31/2013 with Paid Run-Out of 10 months.
- All data for CY 2012 & CY 2013 include claims Paid Through 10/31/2014.
- All HUSKY Health, Charter Oak members, Limited Benefit members except Dual members (i.e., members who are eligible for both Medicare and Medicaid) are included.
- Data does not contain a factor for incurred but not reported (IBNR) in this presentation.
- Children defined as Age 0 to 20.
- Adult defined as Age 21 and above.

Hospital Inpatient Specific – Dashboard Menu

Distinct Inpatient Users – All Member vs. Child vs. Adult (Annual)

Inpatient Cost - All Members vs. Child vs. Adult (Annual)

Inpatient Cost per Admission – All Members (quarterly & Annually)

Inpatient Cost per Admission – Child (Quarterly & Annually)

Inpatient Cost per Admission – Adult (Quarterly & Annually)

Inpatient Per Member Per Month(PMPM) – All Members (Quarterly & Annually)

Inpatient Per Member Per Month (PMPM) – Child (Quarterly & Annually)

Inpatient Per Member Per Month (PMPM) – Adult (Quarterly & Annually)

Inpatient Admissions per 1000Member Month – All Members (Quarterly & Annually)

Inpatient Admissions per 1000 Member Month – Child (Quarterly & Annually)

Inpatient Admissions per 1000 Member Month – Adult (Quarterly & Annually)

Inpatient Days per 1000 Member Month – All Members (Quarterly & Annually)

Inpatient Days per 1000 Member Month – Child (Quarterly & Annually)

Inpatient Days per 1000 Member Month – Adult (Quarterly & Annually)

Inpatient Average Length of Stay - All Members (Quarterly & Annually)

Inpatient - Average Length of Stay – Child (Quarterly & Annually)

Inpatient - Average Length of Stay – Adult (Quarterly & Annually)

Inpatient Admissions per 1000 Member Month by HUSKY Program (Annual)

Inpatient Days per 1000 Member Month by HUSKY Program (Annual)

Inpatient - Average Length of Stay by HUSKY Program (Annual)

Hospital Inpatient- Major Diagnosis Categories – CY 12 & 13

30 – Day Readmission Overall Rate

30 – Day Readmission Overall Rate - Children Age 0-20

30 – Day Readmission Overall Rate - Adults Age 21-64

30 – Day Readmission Rate - by Major Diagnosis Categories

Asthma 30 – Day Readmission Overall Rate

Asthma 30 – Day Readmission Overall Rate - Children Age 0-20

Asthma 30 – Day Readmission Overall Rate - Adults Age 21-64

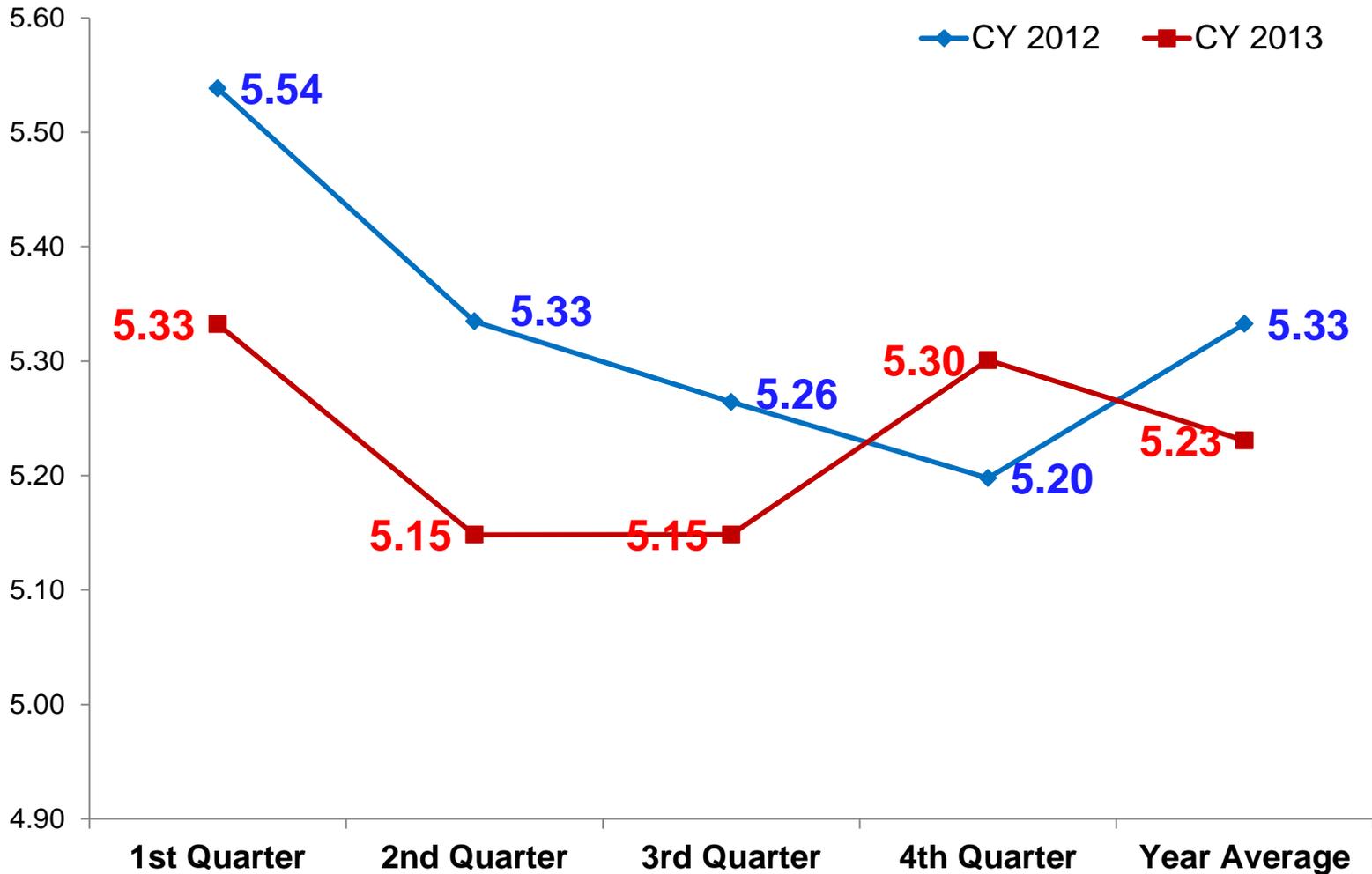
Number of Deliveries- C-section, Vaginal and All Birth CY 2013 & CY 2013

Cost per Delivery – C-section vs. Vaginal vs. Total Deliveries

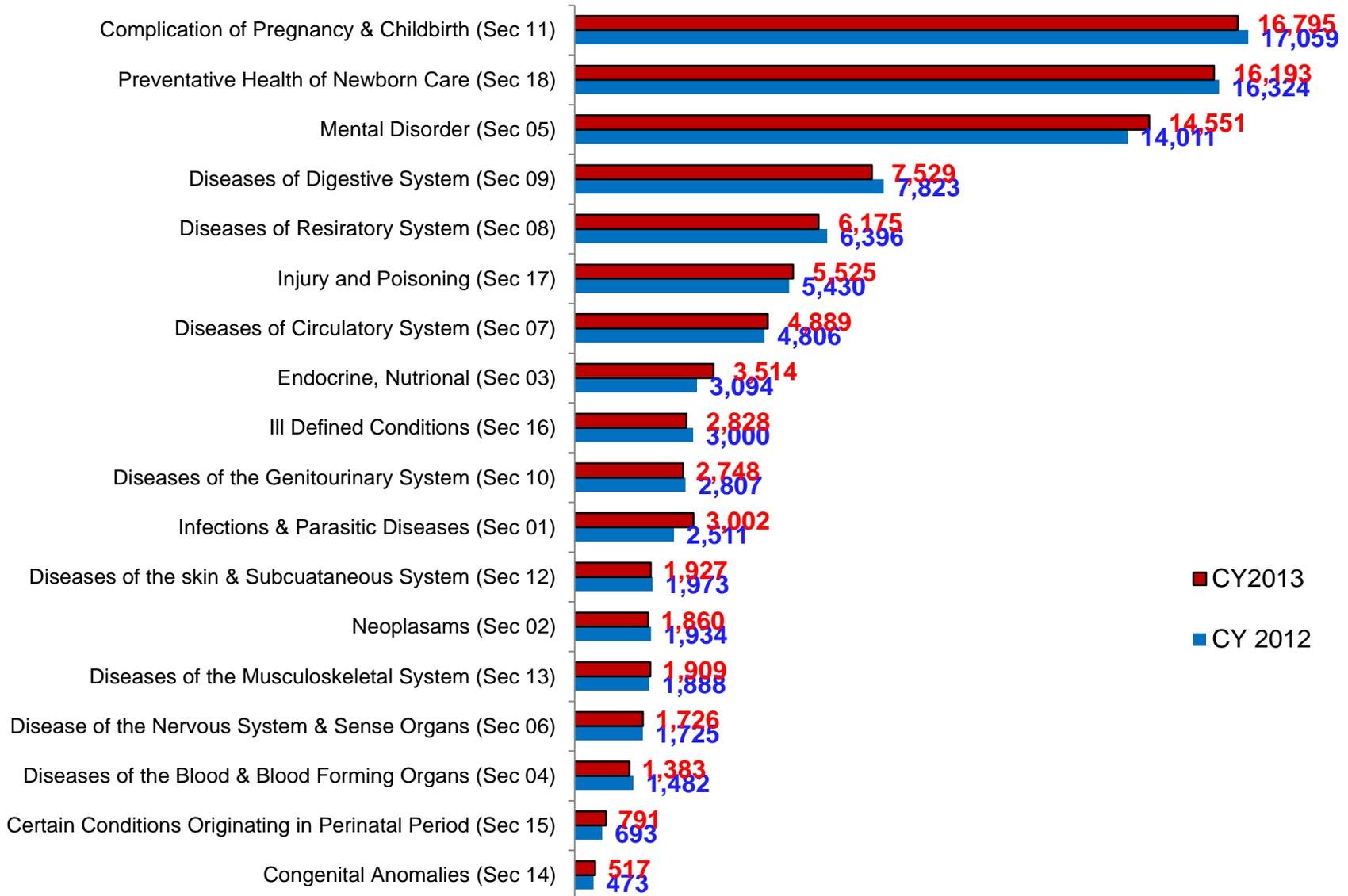
Number of NICU and Non-NICU Newborn to Total Live Newborns

Cost per Birth – Newborn Birth vs. NICU Birth

Inpatient Average Length of Stay - All Members



Hospital Inpatient- Major Diagnosis Categories – CY 12 & 13



Spending and Utilization

Overall Spending and Utilization

Hospital Inpatient Specific

Hospital Outpatient Specific

Hospital Outpatient (OP) Specific – Dashboard Menu

Emergency Visits in (Outpatient Emergency Department)

Emergency Visits (OP Emergency Department [ED]) – Distinct Users (Annually)
Emergency Visits – Total Cost – by All Members, Child and Adults (Annually)
Emergency Visits (OP ED)– Cost per Visit – All Members (Quarterly & Annually)
Emergency Visits (OP ED) – Cost per Visit – Child (Quarterly & Annually)
Emergency Visits (OP ED): Cost per Visit – Adult (Quarterly & Annually)
Emergency Visits (OP ED) – PMPM – All Members (Quarterly & Annually)
Emergency Visits (OP ED) – PMPM – Child (Quarterly & Annually)
Emergency Visits (OP ED) - PMPM – Adult (Quarterly & Annually)
Emergency Visits (OP ED) per 1000 Member Month – All Members (Quarterly & Annually)
Emergency Visits (OP ED) per 1000 Member Month – Child (Quarterly & Annually)
Emergency Visits (OP ED) per 1000 Member Month – Adult (Quarterly & Annually)
Emergency Department – Emergency Visits by 1000 Member Months By HUSKY Program (Annually)
Emergency Visits (OP ED)- Cost per Visits - By HUSKY Program (Annually)
Emergency Department – Frequency of Emergency Visits by Users (Annually)

Emergency Department – Emergency Visits – Top Primary Diagnosis (Annually) – All Members [Note: Dashboard will have this Top Diagnosis by Child & Adult]

Non-emergency visits in (Outpatient Emergency Department)

Non - Emergency Visit (OP Emergency Department [ED]) – Distinct Users (Annually)
Non – Emergency – Total Cost - by All Members, Child and Adults (Annually)
Non-Emergency Visits (OP ED): Cost per Visit – All Members (Quarterly & Annually)
Non-Emergency Visits (OP ED): Cost per Visit – Child (Quarterly & Annually)
Non-Emergency Visits (OP ED): Cost per Visit – Adult (Quarterly & Annually)
Non-Emergency Visits (OP ED): PMPM – All Members (Quarterly & Annually)
Non-Emergency Visits (OP ED): PMPM – Child (Quarterly & Annually)
Non-Emergency Visits (OP ED): PMPM – Adult (Quarterly & Annually)
Non- Emergency Visits (OP ED) per 1000 Member Month –All Members (Quarterly & Annually)
Non- Emergency Visits (OP ED) per 1000 Member Month – Child (Quarterly & Annually)
Non- Emergency Visits (OP ED) per 1000 Member Month – Adult (Quarterly & Annually)
Non-Emergency Visits (OP ED) – Frequency of Visits (Annually)
Non-Emergency Visits (OP ED) by 1000 Member Months By HUSKY Program (Annually)
Non-Emergency Visits (OP ED) - Cost per Visit By HUSKY Program (Annually)
Non- Emergency Visits (OP ED) – Top Primary Diagnosis (Annually) – All Members

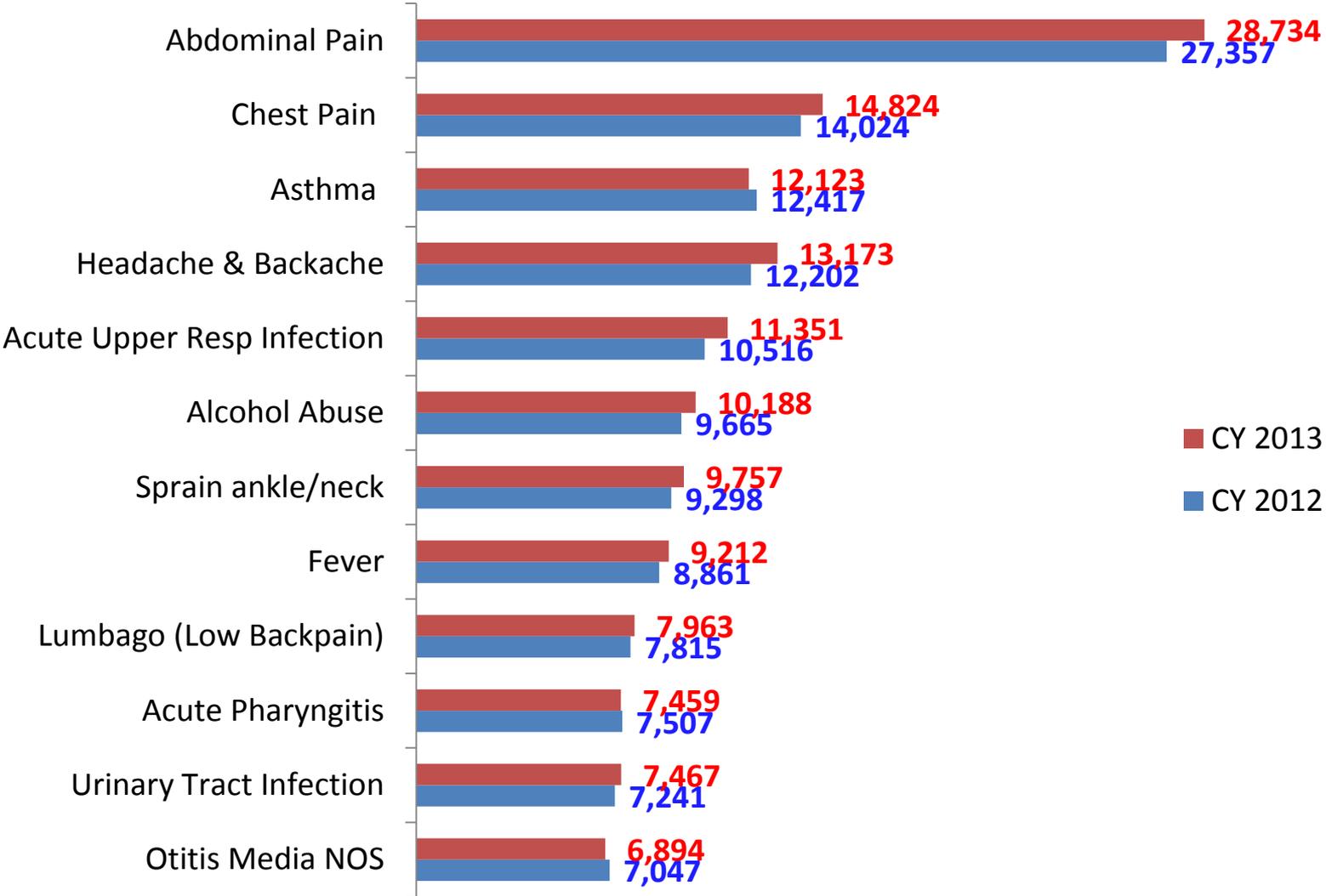
[Note: Dashboard will have this Top Diagnosis by Child & Adult]

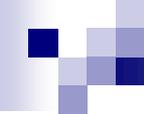
All Other Outpatient Clinic visits

All Other Out Patient [OP] Clinic Visits – Distinct Users (Annually)
All Other OP – Total Cost – by All Members, Child and Adults (Annually)
All Other OP Clinic Visits: Cost per Visit – All Members (Quarterly & Annually)
All Other OP Clinic Visits: Cost per Visit – Child (Quarterly & Annually)
All Other OP Clinic Visits: Cost per Visit – Adult (Quarterly & Annually)
All Other OP Clinic Visits: PMPM – All Members (Quarterly & Annually)
All Other OP Clinic Visits: PMPM – Child (Quarterly & Annually)
All Other OP Clinic Visits: PMPM – Adult (Quarterly & Annually)
All Other OP Clinic Visits per 1000 Member Month –All Members (Quarterly & Annually)
All Other OP Visits Per 1000 Member Month – Child (Quarterly & Annually)
All Other OP Clinic Visits per 1000 Member Month – Adult (Quarterly & Annually)
All Other OP Clinic Visits – Top Primary Diagnosis (Annually) – All Members

[Note: Dashboard will have this Top Diagnosis by Child & Adult]

Emergency Department -Emergency Visits Top Primary Diagnosis for All Members





Next Steps

- DSS IT staff are currently building the live site
- The dashboard is expected to launch by March 2015
- The team will begin soliciting and compiling **2014** data in the fall

The Dashboard Team

DSS Workgroup:

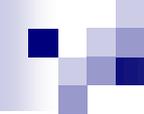
Maryellen Bocaccino
Pat Cronin
Erica Garcia
Bill Halsey
Steve Hotchkiss
Annie Jacob
Carolann Kapur
Ifeoma Nwankwo

DSS IT Team:

Robert Conboy
Scott Engle
Marina Keene
Lee Osipow

Contributors (DSS & ASOs):

Donna Balaski
Kathy Bruni
Tracey Centola
Paul Chase
Deanna Clark
Steve Colangelo
Jason Gott
Dawn Lambert
Sheila Nolte
Maureen Reault
Knute Rotto
Chris Savold
Laurie Van Der Heid
James Zakszewski



We welcome your
feedback and questions